

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

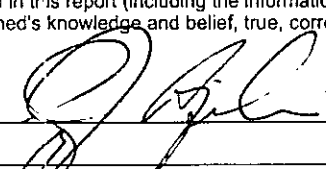
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13058	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Joseph Aquilino P.O. Box, Bldg., Room No., if any Street 3 Pawnee Drive City Commack State New York ZIP Code + 4 11725	4. Name, file number, and address of labor organization. Name I.U.P.A.T. District Council No. 9 AFL-CIO Labor Organization File Number 006-770 P.O. Box, Building and Room Number, if any Street 45 West 14th Street City New York State New York ZIP Code + 4 10011-7419
5. Position in labor organization. Organizer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Floral Glass Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 18039 Street 895 Motor Parkway City Hauppauge State New York ZIP Code + 4 11788	7.a. Nature of Interest, Transaction, or Income. Dinner meeting regarding re-organization of employer. 7.b. Amount. \$60

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 8/11/05	(212) 255-2950
	Date	Telephone Number

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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8 Name and address of Business (including trade name, if any).</p> <p>Name Union Labor Life Insurance Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 451 Park Avenue South</p> <p>City New York</p> <p>State New York ZIP Code + 4 10016</p>	<p>9. Business deals with</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Painting Industry Insurance Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 45 West 14th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011-7419</p>	<p>11.a. Nature of such dealing.</p> <p>Amounts paid to insurance carrier providing health insurance benefits for the calendar year 2004.</p>
	<p>11.b. Approximate dollar value of such dealing. \$8,707,288</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Dinner meeting with insurance carrier representative.</p> <p>12.b. Amount. \$60</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>None.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment. \$0</p>

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Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name Floral Glass Trade Name, if any: P O. Box, Bldg., Room No., if any P.O. Box 18039 Street 895 Motor Parkway City Hauppauge State New York ZIP Code + 4 11788	7.a. Nature of Interest, Transaction, or Income. Dinner meeting regarding re-organization of employer.
	7.b. Amount. <div align="right">\$75</div>

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any) Name Colonial Mirror & Glass Corp. Trade Name, if any: P O. Box, Bldg., Room No., if any Street 35 Kent Avenue City Brooklyn State New York ZIP Code + 4 11211	7.a. Nature of Interest, Transaction, or Income. Lunch meeting with employer.
	7.b. Amount. <div align="right">\$30</div>

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name Trade Name, if any: P O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.
	7.b. Amount.

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Joint Apprentice and Training Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 45 West 14th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011-7419</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Joint Apprentice and Training Fund</p> <p>Trade Name, if any:</p> <p>P O Box, Bldg., Room No., if any</p> <p>Street 45 West 14th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011-7419</p>	<p>11.a. Nature of such dealing.</p> <p>Affiliated organization.</p>
	<p>11.b. Approximate dollar value of such dealing. \$0</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Lunch with director of training center.</p> <p>12.b. Amount. \$50</p>

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Master Painter Association of New York City

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Room 506

Street 50 East 42nd Street

City New York

State New York ZIP Code + 4 10017

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Amounts paid to the Employers Association of the Painting Industry in New York for the calendar year 2004:

Convention - \$2,500

Advertising - \$ 600

Contributions - \$ 200

11.b. Approximate dollar value of such dealing.

\$3,300

12.a. Nature of interest held or income received.

Lunch meeting with association representative regarding contract negotiations.

12.b. Amount.

\$136